FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

RECEIVED APR 2007 DENALI COMMISSION

1. Federal Agency and Organizational Element to Which Report is Submitted Federal Co-Chair of Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 902-05 Technical Assistance SubCommittee	OMB Approval No. 0348-0039	Page 1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES
P.O. BOX 110650
JUNEAU, AK 99811

4. Employer Identification Number 1926001185A7	5. Recipient Account Number or Identifying Number 25508	6. Final Report [X] Yes [ ] No	7. Basis [X] Cash [ ] Accrual

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 03/01/05	To: (Month, Day, Year) 03/01/07	9. Period Covered by this Report From: (Month, Day, Year) 01/01/07	To: (Month, Day, Year) 03/31/07

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	115,000.00	-	115,000.00
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	115,000.00	-	115,000.00
d. Total unliquidated obligations			0
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			0
g. Total Federal share (Sum of lines c and f)			115,000
h. Total Federal funds authorized for this funding period			115,000
i. Unobligated balance of Federal funds (Line h minus line g)			-

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) [ ] Provisional	[ ] Predetermined	[X] Final	[ ] Fixed
	b. Rate N/A	c. Base	d. Total Amount	e. Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title Patricia A. Carr, Health Program Manger, Division of Public Health	Telephone (Area code, number and extension) (907) 465-8618
Signature of Authorized Certifying Official Patricia A Carr	Date Report Submitted 4/6/07

ACCEPTED

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

ENTERED